

NA

QUITCLAIM DEED

Vol M00 Page 35969

KNOW ALL MEN BY THESE PRESENTS, That Louise Triplett, hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and quitclaim unto E Edward L. Triplett, hereinafter called grantee, and unto grantee's heirs, successors and assigns all of the grantor's right, title and interest in that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in the County of K Klamath, State of Oregon, described as follows, to-wit:

Lot 12 in Block 5 of 1st addition to Nimrod River Park, filed in the office of the County Clerk of Klamath County, Oregon

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto the grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ -0-

ⓈHowever, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which). Ⓢ(The sentence between the symbolsⓈ, it not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 21st day of September 2000; if a corporate grantor, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized thereto by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Louise Triplett
Louise Triplett

STATE OF OREGON, County of _____) ss.

This instrument was acknowledged before me on _____, 19____, by _____

This instrument was acknowledged before me on _____, 19____, by _____

as _____ of _____

see attached
Notary Public for Oregon
My commission expires _____

Louise Triplett
8897-D Salmon Falls Drive
Sacramento, CA 95826
Grantor's Name and Address

E Edward L. Triplett
c/o P.O. Box 187
Carmichael, CA 95609
Grantee's Name and Address

After recording return to (Name, Address, Zip):
D. Triplett
P.O. Box 187
Carmichael, CA 95609

Until requested otherwise send all tax statements to (Name, Address, Zip):
E. Triplett
c/o P.O. Box 187
Carmichael, CA 95609

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON, } ss.
County of _____

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ and/or as fee/file/instrument/microfilm/reception No. _____, Record of Deeds of said County.

Witness my hand and seal of County affixed.

NAME TITLE
By _____, Deputy

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
 County of Sacramento
 On 9-21-2000 before me, GARY M. GOLD - NOTARY PUBLIC
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
 personally appeared Louise Triplett
Name(s) of Signer(s)

- ☐ personally known to me
☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

[Signature]
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer
 Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
 OF SIGNER
 Top of thumb here

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer
 Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
 OF SIGNER
 Top of thumb here

State of Oregon, County of Klamath
 Recorded 10/02/00, at 9:08 a.m.
 In Vol. M00 Page 35969
 Linda Smith,
 County Clerk Fee \$26⁰⁰